

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>137</u>
District of <u>Young</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>416</u>
Town of <u>"</u>			Local Registrar No. _____
or			
City of <u>Young</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Ornell Lawson Brewer</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>6</u>		7. Date of birth <u>June 19</u> 19 <u>23</u>	
8. FATHER		14. MOTHER	
Full name <u>Charles A Brewer</u>		Full maiden name <u>Lidya M Nail</u>	
9. Residence <u>Young, Arizona</u>		15. Residence <u>Young, Arizona</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White Amer.</u>	11. Age at last birthday <u>4-3</u> (Years)	16. Color or race <u>White Amer.</u>	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) <u>Texas</u>		18. Birthplace (city or place) <u>Miladap</u>	
(State or country)		(State or country)	
13. Occupation <u>Stock Farmer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother: (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at <u>12</u> m. on the date above stated.			
(Born alive <del>or</del> stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Charles A Brewer</u>	
Address <u>Young, Arizona</u>		(Physician or midwife) <u>N. Holder</u>	
Given name added from a supplemental report _____		Filed <u>6-25</u> 19 <u>23</u> <u>Milton J. Thompson</u>	
Month, day, year. _____		Filed <u>7-14</u> 19 <u>23</u> <u>B. J. Joy</u>	
Registrar. _____		Local Registrar. _____	
		County Registrar. _____	

629-619-353